

**Fax to (480)312-7088 Attn:Eva Wallace. Questions about how to complete this form, call (480)312-2699.**

**City of Scottsdale Liquor License Questionnaire Faxed Date:**

***Please complete all questions and return to our office within 5 business days. Failure to provide this information in a timely manner may result in a delay in processing your application.***

Name of Business

Type of business (restaurant, bar, grocery, retail, etc.)

Business Address

Name of Shopping center where business is located

Was there a previous business at this location? If yes, list name of previous business.

Yes No

Was liquor sold at this location prior to this application? If yes, what type of license?

Yes No

If liquor sales have stopped, when did they stop?

Is this business currently open?

Yes No

- If yes, under what ownership?

- If yes, is this business operating with an interim liquor license? When does that expire?

Yes No Expiration Date:

- If no, what is the proposed opening date?

Is this business under construction?

Yes No

Is this business being remodeled?

Yes No

Total Gross Square Footage of Establishment

Gross square footage of kitchen *(do not include refrigerators or areas used for storage of food or beverages)*

Gross square footage of bar service area *(includes the floor area under indoor and outdoor bars and the floor area behind the bars used for the storage, preparation and serving of food or drinks.)*

Restaurant seating Capacity

Bar Seating Capacity

**For Hotel Restaurant applicants:**

Is the restaurant owned/operated by the hotel or an independent operator?

**For Restaurants, Bars and Restaurants/Bars:**

Will the bar service area be in excess of fifteen (15) percent of the gross floor area?

Yes No

Will the kitchen be less than fifteen (15) percent of the gross floor area?

Yes No

Will age verification be required/requested for admittance at any time during business operations?	Yes	No
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Is a cover charge required for admittance at any time during business operations?	Yes	No
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Will less than forty (40) percent of gross revenues be derived from the sale of prepared food?	Yes	No
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Will the business remain open and liquor sales continue but the full kitchen closes before 9:00 p.m.?	Yes	No
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During what hours will the establishment provide full kitchen service?

During what hours will the establishment offer liquor sales?

**For All Applicants: (If you have questions related to City parking requirements call 480-312-7734.)**

How many parking spaces does your establishment require according to the zoning ordinance?

How many parking spaces are provided on-site?

How many parking spaces are provided by a parking agreement? (Please attach copy of parking agreement)

How many parking credits are allocated to this establishment?

How many in-lieu parking credits are allocated to this establishment?

**IMPORTANT:**

**Please attach and submit a scaled overall site and scaled floor plan indicating the required and provided parking. Floor plan must include all food preparation, dishwashing, storage and office areas.**

Will this business feature any of the following: *(\*may require a conditional use permit)*

Patron Dancing?	Yes	No	Karaoke?	Yes	No
Live Bands?*	Yes	No	DJ?	Yes	No
Amplified music?	Yes	No	Outdoor dining?	Yes	No
Adult Entertainment?	Yes	No	Drive thru window?	Yes	No
After hours (21+)?*	Yes	No	Games?	Yes	No
After Hours (teen)?*	Yes	No			

**City License Information: Contact Tax and License at (480)312-2400 with questions.**

City liquor license application applied for?	Yes	No	City Liquor License #
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City transaction privilege tax license applied for?	Yes	No	City License #
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### **Applicant Narrative:**

Please complete the statements below indicating how approval of this application would be in conformance with the following state statute:

ARS 4-201.G IN ALL PROCEEDINGS BEFORE THE GOVERNING BODY OF A CITY OR TOWN, THE BOARD OF SUPERVISORS OF A COUNTY OR THE BOARD, THE APPLICANT BEARS THE BURDEN OF SHOWING THAT THE PUBLIC CONVENIENCE REQUIRES AND THAT THE BEST INTEREST OF THE COMMUNITY WILL BE SUBSTANTIALY SERVED BY THE ISSUANCE OF THIS LICENSE.

1. I have the capability, qualifications and reliability to hold a liquor license because:
  
  
  
  
  
  
  
  
  
  
2. The public convenience requires and the best interest of the community will be substantially served by the issuance of the liquor license because:

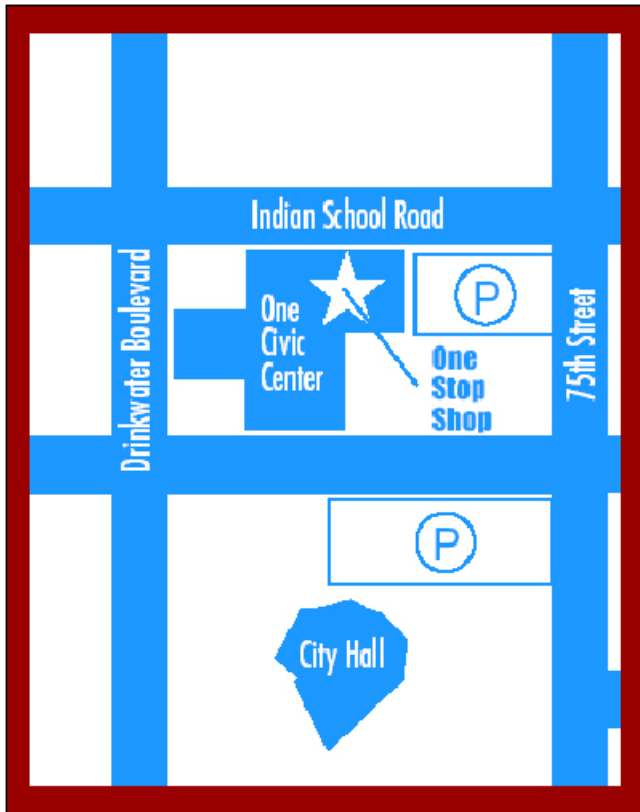
I swear, to the best of my knowledge, that the information provided in this document is true and correct.

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Signature

Printed Name

Date



City of Scottsdale

Planning & Development Services Dept.

first floor of One Civic Center (**identified with a star**)

7447 E. Indian School Rd., Suite 105

Scottsdale, AZ 85258

Parking is available to the east and south of the One Civic Center building.

For directions to One Civic Center call (480) 312-7000.

Additional liquor license information is available on the city's web site at:

<http://www.scottsdaleaz.gov/BldgResources/CounterResources/FAQLiquor.pdf>

City Tax & Licensing Offices are also located on the first floor of One Civic Center. For information on City liquor license requirements/application call (480) 312-2400 or access the city liquor license application at:

<http://www.scottsdaleaz.gov/licenseguide/LicenseCatalogDetail.asp?T=LIQ>